



Health Access for Homeless Individuals: Collaborating with a Medi-Cal Managed Care Plan

Homeless Health Care Los Angeles (HHCLA)

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L.A. Care
HEALTH PLAN®
For a Healthy Life

www.lacare.org

About L.A. Care

- 1.9 million members
- Serving low-income residents of L.A. County since 1997
- A leader in safety net support for L.A. County's vulnerable and low-income patients
- Nation's largest publicly-operated health plan



Presentation Overview

- Medi-Cal Managed Care in L.A.
- Managed Care 101
- Navigating L.A. Care
- Common Managed Care Challenges for Homeless Members
- Q&A

Medi-Cal Managed Care in L.A.



What is Medi-Cal?

- California's Medicaid program
- Under the Affordable Care Act, Medi-Cal expanded to serve low-income **adults without dependent children** on January 1, 2014.

Medi-Cal is NOT

- Covered CA coverage sold on the exchange
- My Health LA – operated by L.A. County Department of Health Services (DHS)

Who is eligible for Medi-Cal?

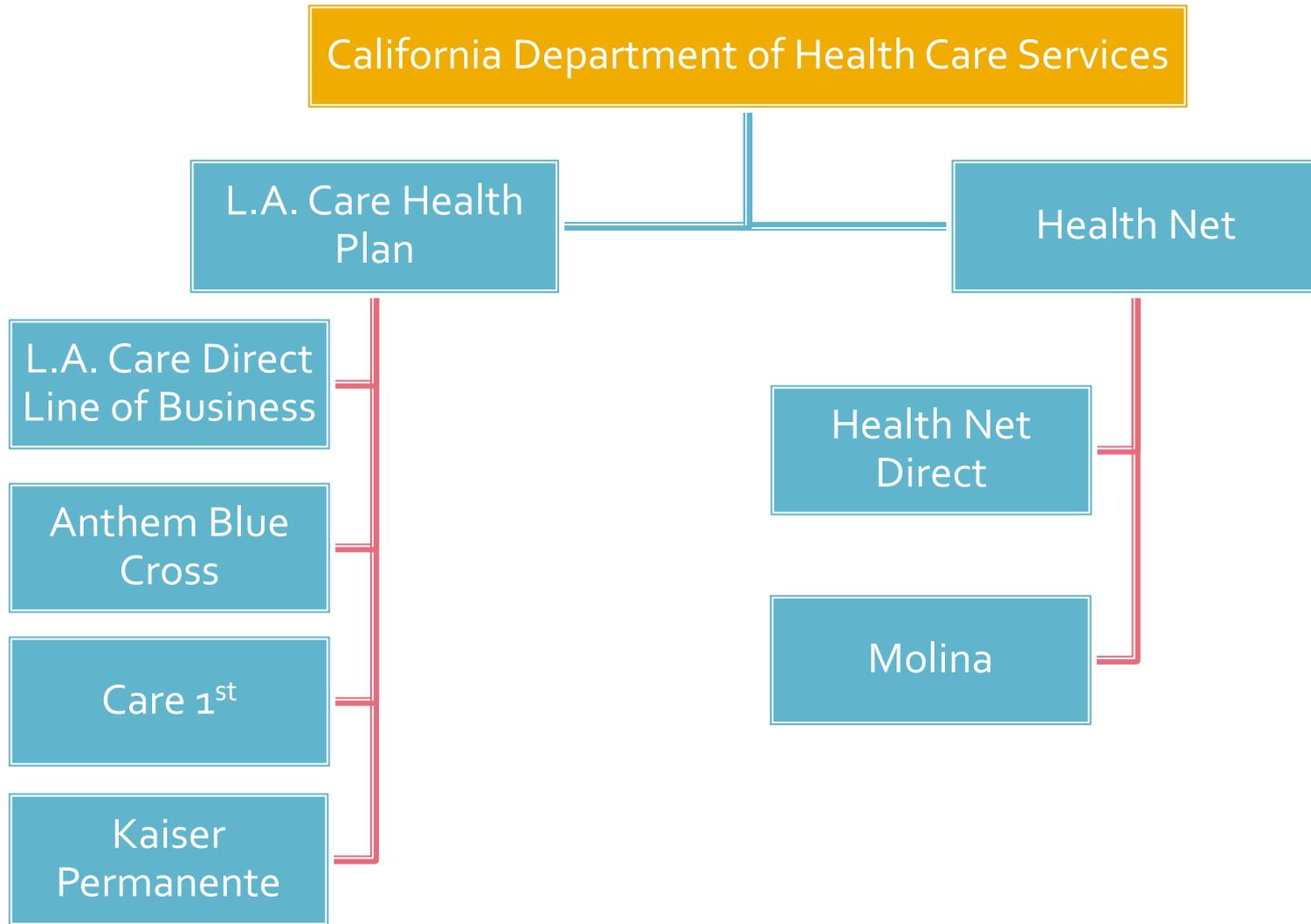
- Medi-Cal is health insurance coverage for citizens and legal permanent residents who are:
 - Low-income (less than 138% FPL) children and adults;
 - Low-income seniors and people with disabilities
 - Low-income people who qualify for DACA (undocumented youth) or DAPA (parents of undocumented)
 - Former foster youth up to age 26
 - Undocumented children (SB75)
 - PRUCOL – Persons residing under the color of law

What is Medi-Cal Managed Care?

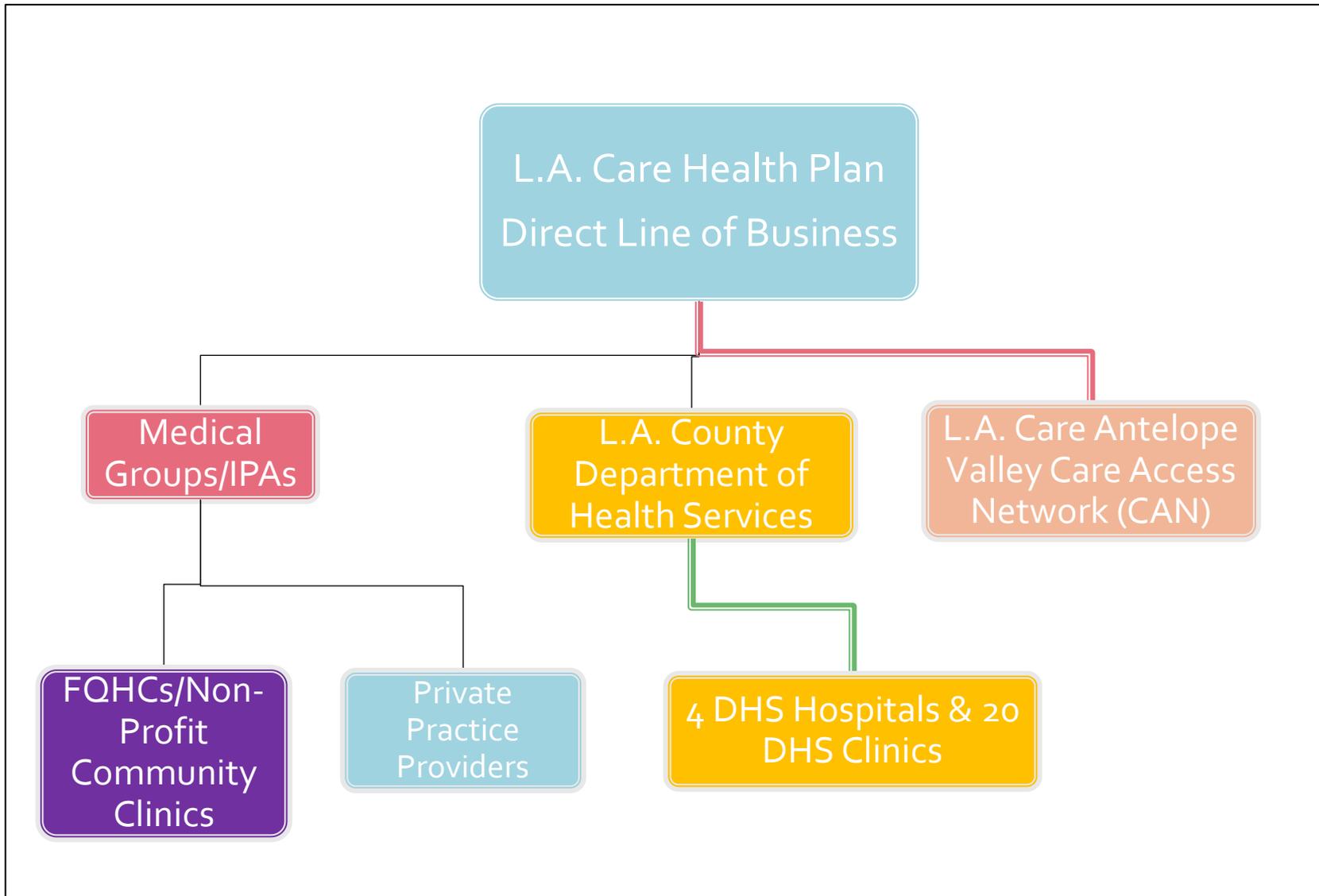
- In managed care, Medi-Cal members get their care through a health plan (a.k.a. an HMO).
- **Definition:** Managed care is a method of delivering health care through a system of provider networks.
 - Members get their health care from the doctors / hospitals / pharmacies / etc. that are contracted with their health plan.
 - Health plans must ensure that members have access to all benefits and receive all medically-necessary care in a timely manner.

The goal of managed care is to deliver coordinated care that is timely, high quality and cost-effective

Medi-Cal Health Plans in L.A.



L.A. Care Providers



Medi-Cal Plans: Member Choice

Members can select any Medi-Cal health plan

- Except Kaiser (only w/family link or prior affiliation)
- If member does not choose, health plan is automatically assigned.
- Members can change health plan each month:
 - Call **Health Care Options @ 1-800-430-4263** to change between Health Net and L.A. Care Health Plan Partners
 - Can also call primary health plan for assistance changing to its plan partners (i.e. from L.A. Care direct to Care 1st, Anthem, or Kaiser)



Checking Medi-Cal Eligibility

- If you are a Medi-Cal provider: Check AEVS (automated eligibility verification system) online through <https://www.medi-cal.ca.gov/Eligibility/Login.asp> (requires provider ID to access)
- If you are a member (or are assisting a member):
 - Check eligibility for the Medi-Cal program:
 - Contact Dept. Public Social Services (DPSS): Local address and phone numbers at <http://www.ladpss.org/dpss/maps/>
 - Check benefits online via Your Benefits Now (YBN): <https://www.dpssbenefits.lacounty.gov/ybn/Index.html>
 - Find out member health plan and PCP:
 - Contact L.A. Care at **1-888-839-9909**
 - If a member already has Medi-Cal with L.A. Care, visit <https://lacare.org> and click “Member Sign In” (upper right corner)
 - This member portal can be used to view eligibility & benefits, request or print ID cards, and change doctors



Medi-Cal Managed Care: Benefits

Medi-Cal health plans must provide:

- Outpatient services (doctor visits):
 - Primary care
 - Specialties (e.g. cardiology, endocrinology, gastroenterology)
- Emergency care
- Inpatient Hospital care
- Immunizations Maternity/newborn care
- Pharmacy (prescription drugs) – provided through Navitus
- Laboratory services, X-ray, & diagnostic testing
- Vision care
- Long term services and supports (e.g. IHSS, CBAS)
- Mild-to-moderate mental health services
- Medically necessary transportation – provided through Logisticare
- And more!

More info: <https://www.lacare.org/health-plans/medi-cal/benefits-guide>



Medi-Cal Managed Care: Benefits

Medi-Cal members may receive additional benefits outside of the health plan:

Type of Service	Who is responsible to provide?
<ul style="list-style-type: none">Specialty mental health services	<ul style="list-style-type: none">County Dept. of Mental Health
<ul style="list-style-type: none">Substance use disorder treatment services	<ul style="list-style-type: none">County Dept. of Public Health, Substance Abuse Prevention & Control
<ul style="list-style-type: none">Dental services	<ul style="list-style-type: none">Fee-for-service Medi-Cal

Additional L.A. Care Benefits

- 24/7 Nurse Advice Line → 1 (800) 249-3619
- Free disease management programs for diabetes & asthma
- Free health education
- Care Management Program
- Member materials in 11 languages & alternate formats
- Telephonic and in-person health care interpreter services
→ Call Member Services 1 (800) 839-9909
- Staff is over 90% bilingual

Visit www.lacare.org for more info.



Managed Care 101



Primary Care Providers

What is a Primary Care Provider (PCP)?

- **Definition:** A member's assigned doctor or clinic, who is responsible for preventative care, referrals to specialists, and acting as a "medical home" for the member's needs.
 - General Practice, Pediatrics, Family Practice, Internal Medicine, OB/GYN & some specialists
 - "Gateway" to all needed care.
- Members can select any open PCP in the health plan.
 - If member does not choose, PCP automatically assigned.
 - Members can change PCP each month by calling their Health Plan.



Medical Group / IPA

- **Medical Groups and Independent Practice Associations (IPAs):**
Organizations of physicians that manage a shared practice or contract with insurers as a group to provide care for the insurer's members.
 - At L.A. Care, we use the term participating provider group (PPG) interchangeably for medical group/IPA
 - Every L.A. Care doctor / clinic is part of a PPG except where a direct contract with providers exist (e.g. Antelope Valley CAN)
 - Medical groups/IPAs are responsible for managing most referrals, ordering durable medical equipment (DME), medication authorization and care coordination

Prior Authorizations

What is a Prior Authorization (PA)?

- **Definition:** A requirement that a physician get approval before prescribing a specific medication, treatment, or medical service.
 - Medical staff review the request and determine if it meets appropriate medical criteria.
 - If criteria met, PA approved. If not, denied.
 - Can appeal a denied PA.
 - Health plan must meet timeliness standards for approval/denial.

Navigating L.A. Care



Navigating L.A. Care

For assistance with all types of questions / issues:

- Member services phone line (24/7): **1- 888-839-9909**

Department contacts for specific services/issues:

- Care Management
- Behavioral Health
- Managed Long Term Services and Supports
- Utilization Management
- Pharmacy

Member Services

Member Services Call Center: **(888) 839-9909**

24/7 phone access

- Mon – Fri 9 am to 7 pm: Full access
- After Hours: Urgent issues only

Call member services to:

- Verify Medi-Cal enrollment with L.A. Care
- Change or confirm assigned health plan, provider, or clinic*
- Replace Medi-Cal member ID card
- Explain Medi-Cal covered benefits
- Arrange for telephonic or in person health care interpreter
- Get help resolving any issue with a member's health plan services

**Must have member present on the phone to request changes.*



Behavioral Health in Medi-Cal

PPG/PCP

Target Population: Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services

Outpatient Services by PCP

- ✓ Routine Screening for Emotional Health and substance misuse
- ✓ Outpatient Medication for Mental Health and Substance Use Disorder Treatment and Monitoring
- ✓ Brief Counseling/Support/Education
- ✓ Screening, Brief Intervention and Referral for Treatment (SBIRT) for Alcohol, new service by primary care setting
- ✓ Referral to Regional Centers for Comprehensive Diagnostic Evaluation

- ✓ Behavioral Health eManagement on eConsult Platform (Available in April 2016)

LA Care/Beacon
877-344-2858

Target Population: Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services

Outpatient Services

- ✓ Individual/group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Psychiatric consultation
- ✓ Outpatient services for the purposes of monitoring medication treatment
- ✓ Outpatient laboratory, supplies and supplements

L.A. Care
844-858-9940

- ✓ Behavioral Health Treatment for individuals under age 21 with Autistic Spectrum Disorders

LA County DMH
800-854-7771

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services

Outpatient Services

- ✓ Mental Health Services (assessments, plan development, therapy, rehabilitation & collateral)
- ✓ Medication Support
- ✓ Day Treatment Services & Day Rehabilitation
- ✓ Crisis Intervention & Crisis Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Treatment Services
- ✓ Crisis Residential Treatment Services

Inpatient Services

- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

LA County DPH-SAPC
800-564-6600

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (newly expanded to all populations)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

Residential Services: pregnant

DHCS Local Field Office
866-644-6341

Inpatient Services (Fee-For-Service)

- ✓ Voluntary Inpatient Detoxification Services (newly expanded with **NO** restriction of physical medical necessity)

Behavioral Health Services

Health plan mental health services through Beacon

- Direct access: no PCP approval/prior authorization needed.
- Either the member or provider can call Beacon at **(877) 344-2858** for appointment.

Support for providers from L.A. Care's Behavioral health staff:

- **Assistance with access, care coordination, and quality** – facilitate timely communication and collaboration between physical health, behavioral health, and other service providers.
- **Officer of the day** – staff is accessible (during business hours) to provide clinical assessment, care support, and/or to address concerns by calling **(844) 858 - 9940**.

Care Management

L.A. Care Care Managers facilitate communication among physicians and other health care providers for members with challenging health needs:

Referral for L.A. Care's High Risk CM is completed through a referral form (see attachment)

Care Management can assist with health care coordination.

- Special, in-house programs for medically complex members
- Coordinate with PPG case management for members with moderate to high needs

Call Care Management at: (844) 200-0104 (for providers)

Send secure email to: cmreferral@lacare.org or

Fax: (213) 438-5077



Managed Long Term Services and Supports

Managed Long Term Services and Supports (MLTSS) staff assist members with access to MLTSS services:

Call (855) 427-1223. Coordinator response w/in 48 hours.

MLTSS Services:

- In-Home Supportive Services (IHSS)
- Community-Based Adult Services (CBAS)
- Multi-purpose Senior Services Program (MSSP)
- Long Term Care (LTC)
- Other Home and Community-Based Supports

Contacts at L.A. Care

- To assist a member or obtain eligibility information, please call **Member Services: 888-839-9909**
- For questions regarding pharmaceutical issues, please call our pharmacy vendor, **Navitus: 844-268-9786**
- For provider questions regarding behavioral health, please call our **Behavioral Health Team: 844-858-9940 (Officer of the Day)**
- For assistance with Managed Long Term Supports and Services, please call the **MLTSS Triage Team: 855-427-1223**
- For members with complex physical and/or behavioral health needs, please refer to **Complex Case Management: (844) 200-0104 or submit Care Management referral form by secure fax or email (slide 24)**

Common Medi-Cal Managed Care Challenges for Homeless Members

Challenges for Homeless Members

- Challenge: Individual does not know if they have health insurance, or what plan they have.
 - Solution: Assist with applying for Medi-Cal, and/or with looking up health plan & PCP.
- Challenge: Receiving ID cards / materials in the mail.
 - Solution: Update address with DPSS and/or request additional copies from health plan.
- Challenge: Health plan cannot reach member by phone or mail.
 - Solution: Members can give permission to share information with the contact of their choosing (verbal, if present at the time of the call, and/or in writing).

Challenges for Homeless Members

- Challenge: Long wait times for appointments or difficulty accessing services.
 - Solution: Call member services. If that does not resolve the issue, the member can also:
 - Change health plan or PCP
 - To escalate an issue:
 - File a grievance with the member's health plan
 - File a complaint with Dept. of Managed Health Care → (888) 466-2219
 - Contact the Medi-Cal Managed Care Ombudsman if the client has urgent health needs → (888) 452-8609
 - Call the Health Consumer Center for legal assistance → (800) 896-3202

Challenges for Homeless Members

- Challenge: Homeless services staff may not have clinical expertise to navigate complex medical and/or behavioral health needs.
 - Solution: Collaborate with health plan case management, behavioral health, or MLTSS staff.
 - L.A. Care won't know that our members are working with you unless they or you tell us!

Other Challenges? Questions?

Presenter Contact Info

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Safety Net Initiatives

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